



Ideas into Action

CELEBRATING BEST PRACTICES AND LESSONS LEARNED FROM THE DBHDS SYSTEM'S WORK AROUND CULTURAL AND LINGUISTIC COMPETENCY IN VIRGINIA

2012-2014 Leadership Elected for the Statewide Cultural and Linguistic Competence Steering Committee

The Statewide Cultural and Linguistic Competence Steering Committee (CLCSC) have elected leadership for 2012-2014. In November, Yvonne Russell, MA, Quality Assurance Manager, Henrico Area Mental Health & Developmental Services and Nhat Nguyen, QMHP, Clinical Supervisor/ Substance Abuse Counselor III, Alcohol and Drug Services, Fairfax County Community Services Board were elected as Chair and Vice Chair respectively. This will be the first time that the committee has formal leadership to help guide the priorities of the Office of Cultural and Linguistic Competence at DBHDS.

In 2008, The Statewide Cultural & Linguistic Competence Steering Committee (CLCSC) was formed in response to the demographic changes among racially, ethnically, culturally, and linguistically diverse populations within the Commonwealth. These changes are expected to challenge Virginia's behavioral health care system, where addressing their diverse behavioral health care needs has become a DBHDS goal.

Ongoing activities of the CLCSC include advising the Director of the Office of Cultural and Linguistic Competence on issues related to quality improvement, training, policies, and procedures that will enhance the system's ability to provide equitable

services. This committee also provides legislative recommendations to the Commissioner of the Department of Behavioral Health and Developmental Services.

When asked about the importance of the Committee, Chair elect **Yvonne Russell** states, "According to the Surgeon General's Report 'Mental Health: Culture, Race and Ethnicity', culture and language influences how a person expresses their needs, how they cope, how they manage their abilities, and even influences their willingness to seek services. Once the person finds the courage to seek services, as a service system we need to be timely in accurately assessing, diagnosing, and treating or providing supports to everyone. When someone is from a different culture, speaks a different language, speaks English with an accent or a varied pronunciation we struggle to understand, or has different abilities from what we are accustomed to, there runs the risk that inequity could occur. Closing this gap is a priority for me. I believe it should be a priority for all of us. Specifically, I would like to see more organizations adopt language access policies and procedures, which includes individuals with Limited English Proficiency and individuals with varied hearing and speech abilities. As leaders in our field, we have the ability to help Virginia's

behavioral health care system provide more effective cultural and linguistically competent services. The CLCSC is well positioned to be a major contributor towards that mission".

Vice Chair elect, **Nhat Nguyen**, says that during his tenure he would like to see the committee focus on several things. First, identify and disseminate tools that will inform diverse populations on the behavioral and developmental disability healthcare system in the Commonwealth. It is in this way individuals can better navigate the system and subsequently advocate better for themselves and their families. Secondly, as the Chair of the Policy Subcommittee, he hopes to assist the committee to develop our first formal policy recommendations to the Commissioner for consideration. Nhat says, "My father always told me, don't just work harder, work smarter. And as a social worker, I have added, don't just work harder, work smarter within collaborative relationships with others. I will strive to incorporate individualities to synthesize a collective strategy for the committee to address disparities in access and outcomes across the Commonwealth."§

CLC Steering Committee Member Highlight

The Office of CLC has a team of talented and energetic people supporting and advising our work who hail from a variety of organizations and locations from across the state. Each month we highlight one of them to give a picture of the scope of our experience and activities. This month we spoke with **Nancy Castellon**, Assistant Director of [Friends4Recovery](#) Whole Health Center, in Chesterfield County. Here is what she shared with us.

Where are you from and what is your background?

I am originally from Columbia, South America; I have lived in the US for 11 years. In 2007, I became an American Citizen by Naturalization. I have a Bachelor in Human Resources in Cartagena, Columbia; also, an Associate in Holistic Psychological Development from Seville, Spain, and I am currently studying for a Bachelor in Behavioral Science at Bluefield College. I have worked at Saint Augustine Church, an interpreter at the Chesterfield Community Services Board, and a Spanish Instructor in Adult Education and Spanish Tutor for Chesterfield County. Since April 2009, I have been working at Friends4Recovery as Assistant Director/Hispanic Liaison.

What got you interested in CLC?

Although my very first contact with the CLC Steering Committee was in September 2008 when I was asked to participate in the First Cultural and Linguistic Competency Conference in Portsmouth as



Speaker, I have been involved in helping organizations increase their capacity to provide services to limited English proficient individuals for many, many years. As an English language learner myself, I know that having access to interpreters and culturally competent staff can be the difference in getting good services with a good outcome and not getting any assistance at all. Any project that looks to give equal services to people from different culture is my interest. The concept of CLC - promoting and educating people about differences in cultures, backgrounds, languages, races, ethnicity, and the right to have high quality of services - is admirable. That is why I wanted to be part of this committee.

How long has your organization been involved with CLC?

I work for one of the only consumer-run organizations in the state that has full-time bilingual staff. I am very proud of this fact. When we opened in 2009, we recognized that having staff who

could reach out to the Latino community meant that we could make an impact with many more residents in Chesterfield who would otherwise have no access to peer recovery services here.

What are a few short-and long-term plans that you have for this work?

I have signed up for staying in the committee till 2015. The CLC work is admirable in trying to move forward the quality of services in behavioral health in the state of Virginia. We have residents in the state that come from different parts of the world, and all of them deserve high standards in services. To do this, it is necessary to expand awareness of the “cultures” to which that person belongs. I hope to keep working and representing the Hispanic minorities in the US. I humbly wish my collaboration will make the CLC Steering Committee stronger as well. As for my organization, I know that we will continue to offer Spanish language services at Friends4Recovery and continue to educate the Latino community about the possibility of recovery from mental illness.

What are some things you do outside of work and for fun?

When I am not working or studying, I love to travel. I have visited cities and small towns in Virginia, the Appalachian Mountains, Eastern Shore, as well as states as far as Oregon, Washington, California, and Nevada. I love to take walks, to read. I also enjoy baseball games, watching the National Geographic Channel, and spending time with my family – Diego, my son; Gene, my fiancée; and Lucas, my dog. §

HHS Announces New, Refined Survey Standards to Examine, Help Eliminate Differences in Care Based on Race, Ethnicity, Sex, Primary Language, or Disability

Oct. 31, 2011, The US Department of Health and Human Services published final standards for data collection on race, ethnicity, sex, primary language, and disability status. The Affordable Care Act requires new standards for the collection and reporting of health care information based on race, ethnicity, sex, and primary language.

Making data standards consistent will help identify the significant health differences that often exist between and within ethnic groups, particularly among Asian, Hispanic/Latino, and Pacific Islander populations.

By adding Mexican American and Chicano/a, Puerto Rican, Cuban, and Other Hispanic Latino/a or Spanish origin as explicit categories required on all HHS-sponsored health surveys, HHS hopes to better capture the individual ethnic group challenges that are often found within minority populations. This will allow state and federal programs to better measure and track health differences in these populations and target interventions appropriately.

HHS states that the new data collection requirements also will improve researchers' ability to consistently monitor more dimensions of health disparities among people with disabilities.

"Many racial and ethnic minorities, people with limited English proficiency, people with disabilities, and other populations who face unique health challenges, often have reduced access to health care and often pay the price with poorer health," said Garth Graham, M.D., MPH, HHS, deputy assistant secretary for minority health. "Today we are implementing an important provision of the Affordable Care Act that reinforces our commitment to reducing these health disparities."

For more information on the final data standards, visit minorityhealth.hhs.gov/section4302.



Workforce Diversity Recruiting Strategies

A culturally responsive organization is one that is relevant to participants of diverse cultural backgrounds and respectful of their beliefs, practices, and values. The capacity to respond to the needs of diverse communities requires cultural knowledge, skills, and values at all levels, from individual staff to programs, organizations, and systems. Hiring staff who have cultural knowledge, language skills, and diverse values is a critical means of ensuring this cultural responsiveness, and effective diversity recruitment is one way of attracting that talent. Following are five ways to making your diversity recruiting as effective as possible.

Build a diversity message into your recruitment brand- Organizations should imbue a diversity message into their regular recruiting materials. "People want to be hired based on their skill set, not just because they are part of a minority group," says Jennie Halstead, director of BrassRing Diversity. At the same time, says Halstead, "Companies need to build a recruitment brand for themselves that [says], This is a great place to work". ***Demonstrate the diversity of your organization-*** Include profiles of real employees on your website and show your workforce statistics by job level. "Women and minorities want to know there is real opportunity, that they can have a career here," Halstead says.

Create a plan to diversify upper management- If you aren't where you want to be in terms of diversity, say so. If women and minorities are well represented in your company, it's important to let candidates know that's the case. But even if they aren't, if you're trying to improve representation of women and minorities in more senior levels or across your organization, make sure diversity candidates are aware of that fact. You'll make your company more attractive to them than it would be otherwise.

Align Campaign with Organizational Goals- Your diversity recruitment will work best if it takes its direction from the overall goals of your organization. So it is a good idea to take your cues from the company's mission and how the organization defines its business. This should not only guide diversity recruitment marketing, but the entire staffing function as well.

Be involved in the community- A big part of being an employer of choice is being an employer that is known as one that gives back to the community within which it is a member. The good impression that your organization makes can attract high quality, diverse, and bilingual employees who have many job options because of their multiple skills. In human services, candidates are often attracted to a job for reasons such as a sense of contribution or the impact they can make. If you build a reputation for being that employer, you can attract those highly motivated job candidates. However, don't assume involvement in the community is just a specific recruiting action, rather, it is an ongoing organizational effort that addresses a number of goals in human services.

For more tips on diversity recruiting and retention, click [here](#).

**2012 DBHDS Statewide Cultural & Linguistic Competence
Steering Committee Members**

Member Name	Organization	Member Name	Organization
Angela Torres	Central State Hospital	Marcus King	Hampton-Newport News Community Services Board
Ashley Barnett	Northern Virginia Training Center	Micheal Tutt	Richmond Behavioral Health Authority
Barbara Garner	Fidura & Associates	Nadia Williams	Colonial Behavioral Health
Brinda Fowlkes	Piedmont Geriatric Hospital	Nancy Castellon	Friends for Recovery
Cil Hurd-Burks	Chesterfield County Community Services Board	Nannie Russell	Southside Virginia Training Center
Debbie Boelte	Southwest Virginia Mental Health Institute	Nhat Nguyen, MSW, QMHP	Fairfax-Falls Church Community Services Board
Deborah Elliott	Eastern State Hospital	Pamela H. Lewis, PhD	Department of Medical Assistance Services
Debra Shelton Baber, RN/PNP	Central Virginia Health Services	Patrick Taylor	Commonwealth Catholic Charities
Deirdre Ramirez	Piedmont Geriatric Hospital	Phil Floyd	Rockbridge Area Community Services Board
Dina Hackley-Hunt	Blue Ridge Behavioral Healthcare	Rhonda Thissen, MSW	DBHDS Office of Behavioral Health Services- Central Office
Don Roe	Commonwealth Center for Children & Adolescents	Steven Hixon, MBA	Henrico Area Mental Health and Developmental Services
Juliette Milushev, NCC, LPC, Ed.S	Alexandria Department of Community and Human Services, Center for Adult Services	Susan Elmore, T.R.S, CBIS, MBA/HCM, QIDP(QMRP)	DBHDS Central Office
Kathryn A. Baker, LPC	Valley Community Services Board	William Williams	Fairfax-Falls Church Community Services Board
Lora Rose	Community Alternatives, Inc.	Yvonne Russell	Henrico Area Mental Health and Developmental Services
M. Cecilia Terrones, BS, QMRP	Hampton-Newport News Community Services Board		

Pew Research Center Publishes Report on American Millennials

Generations, like people, have personalities, and Millennials -- the American teens and twenty-somethings who are making the passage into adulthood at the start of a new millennium -- have begun to forge theirs: confident, self-expressive, liberal, upbeat, and open to change.

They are more ethnically and racially diverse than older adults. They're less religious, less likely to have served in the military, and are on track to become the most educated generation in American history.

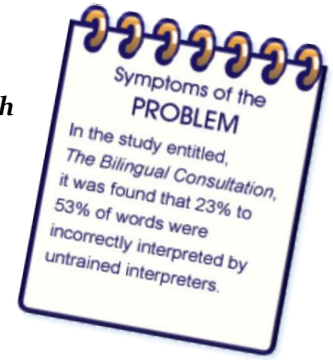
Their entry into careers and first jobs has been badly set back by the Great Recession, but they are more upbeat than their elders about their own economic futures as well as about the overall state of the nation. (See [chapter 4 in the full report](#))§

Do you use bilingual staff to help communicate with consumers who are limited English proficient?

Do you know that research shows a decreased level of communication when working with untrained interpreters?

Are you sure that those employees have the right skills and language proficiency to communicate effectively?

If you want to ensure that you are providing quality language services in your organization when you have to use bilingual staff, consider participating in the.....



Qualified Bilingual Staff Interpreter Training Program for Behavioral Health and Developmental Services

February 27-29, 2011

9:00am-4:30pm

12011 Government Center Parkway, #206

Fairfax, VA 22030

The Qualified Bilingual Staff (QBS) training program was developed by Kaiser Permanente for the purpose of increasing our capability for providing linguistically appropriate services to our Limited English Proficient (LEP) patients. The program targets our bilingual, dual role staff and trains them in proper interpreting skills during a medical encounter. This three day training is for BILINGUAL STAFF working as informal interpreters in your organization; this is NOT a training for professional interpreters.

\$100 (includes material and lunch daily)

Maximum 25 participants - register early

For more information and to register visit <http://tinyurl.com/4yepxpg>

Bienvenidos: Engaging the Latino Community in Behavioral Health and Developmental Services

March 21, 2012

*Southwest Virginia Higher Education Center
Abingdon, Virginia 24212-1987*

OVERVIEW

There has been a marked growth of the Latino population in Appalachia over the last twenty years. The majority of the Latino immigrants are Mexican, but there are also notable numbers of Central and South Americans. Many of the Latinos are migrants who continue to be involved in agricultural migrant labor streams. However, many Latinos have settled. The resettled Latinos continue to be involved with agriculture, but many have also found jobs in construction and factory work. Southwest Virginia is no exception to this trend. Census figures from 2010 show that places like Galax have up to 14% of their population with Hispanic or Latino origins and almost 7% of that population speaks a language other than English in the home. This training will explore some of the cultural beliefs and values commonly found among Latinos in this area as well as introduce research and program models that have been proven effective in engaging and working with this population.

PRESENTATIONS

"Effective Use of Cultural Brokering", Cecily Rodriguez, Office of Cultural & Linguistic Competence, DBHDS

"Hispanic Health in Rural Settings", Dr. Sharon Loury, Assistant Professor, College of Nursing Graduate Program, East Tennessee State University.

"How to Work with an Interpreter", Ardis L. Nelson, Ph.D., Professor of Literature and Language, East Tennessee State University and Director, ETSU Language and Culture Resource Center

"Make Yourself Accessible: Building Rapport with the Hispanic Community" Tiffany Ysidron, B.S., School Based Case Manager, Frontier Health

TO REGISTER- GO TO <http://tinyurl.com/7kqtk37>

RESOURCES

ARE YOU IN COMPLIANCE WITH DEPARTMENTAL INSTRUCTION 209?

Did you know that DBHDS has a policy related to how interpreters are used and what material shall be translated for use in consumer communication? The updated DI requires that each state facility formalize its language access policies and use qualified interpreters as the first choice for communicating with individuals who have a language access barrier. It outlines requirements for assessing communication barriers experienced by individuals receiving services, accessing on-site and telephonic interpreters, and documenting provision of interpreter services. The Instruction also includes a requirement that staff members who serve as interpreters pass a proficiency test to assure provision of quality interpretation. Finally, the Instruction includes staff training expectations and lists resources that are available from the Office of Cultural and Linguistic Competence and other agencies. See the full text of the DI on the web [here](#). **Be sure that you are familiar with and understand the policy. It is everyone's responsibility to ensure that we communicate effectively.**

LOOKING FOR TRANSLATED FORMS FOR OUR FACILITIES?

- *DBHDS Notice of Privacy Practices in Spanish- (includes the Acknowledgement of Receipt)*
 - *DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Single Use*
 - *DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Multiple Use*
- are located on CODIE at <http://www.dmhmrscov.virginia.gov/forms1.asp>

DBHDS Office of Human Rights- Know Your Rights Poster – Spanish is located at
<http://www.dbhds.virginia.gov/documents/HumanRights/ohr-KnowYourRightsSpanish.pdf>

Notice of Rights Form- Spanish, French, and German are located on CODIE at
<http://www.dmhmrscov.virginia.gov/forms1.asp>

DON'T FORGET!

If you want regular articles, research, and notices of events about cultural and linguistic competency, sign up for our Google group.
Click below to sign up.

<http://groups.google.com/group/va-dbhds-cultural-and-linguistic-competence>

RESOURCE LIBRARY

We have over 100 titles in our resource library on subjects ranging from race relations to communication across culture to working with interpreters. You can check out the list of resources by going to the link at
<http://www.dbhds.virginia.gov/2008CLC/documents/clc-Res-Material-for-Loan.pdf>

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

The Joint Commission has released a field guide on how to improve communication with and provide culturally competent, patient- and family-centered care to lesbian, gay, bisexual, and transgender patients and health care consumers. This field guide is a follow-up report to the Joint Commission's "Roadmap for Effective Communication, Cultural Competence, and Patient- and Family-Centered Care" and provides additional details specifically for the LGBT population.
<http://www.jointcommission.org/lgbt/>

The field guide includes chapters on Leadership; Provision of Care, Treatment, and Services; Workforce; Data Collection and Use; and Patient, Family, and Community Engagement and has useful checklists and extensive citations to resources and references.

Given the Joint Commission standard prohibiting discrimination based on sexual orientation and on gender identity and expression, this field guide will be an invaluable resource to all health care organizations. §

Modest Improvements in Awareness of Racial and Ethnic Health Disparities over a Decade

Despite persistent racial and ethnic gaps in health care and health status, awareness of such disparities remains low among the general public.



Much work remains to be done to better inform the U.S. population of health conditions that disproportionately impact specific racial and ethnic minority groups, according to an OMH survey conducted by NORC at the University of Chicago.

Specifically, the Nation's awareness of racial and ethnic disparities increased from 54.5 percent in 1999 to 59 percent in 2010 - a statistically significant, but modest, increase of 4 percentage points. Increases in awareness among Americans of health care access disparities like health insurance status were similarly modest - under 10 percentage points.

These and other findings were released Oct. 6 in an article authored by Jennifer K. Benz and Oscar J. Espinosa of NORC, Valerie A. Welsh of OMH, and Angela Fontes of Illinois State University, in the October issue of Health Affairs -- a thematic issue of the journal, Agenda for Fighting Disparities, which examines the state of health and health care disparities in the nation and steps that show promise in closing the gaps.

The article about the OMH/NORC survey and its web supplements (General Population Questionnaire; Creating an Awareness Index) are available on the Health Affairs website at <http://content.healthaffairs.org/content/30/10/1860.abstract> .

Awareness of Racial and Ethnic Health Disparities

 Study Brief [PDF | 112KB]
[2010 General Population \[PDF | 257KB\]](#)
[2009 General Population \[PDF | 254KB\]](#)
[Health Affairs Article on the HHS Disparities Reduction Plan](#) 

HAVE YOU SEEN THIS?

Healthy Roads Media was begun in 2002 with a grant from the National Library of Medicine. Healthy Roads Media website is free to use by anyone who wants access them. Health information access is a basic healthcare need. Literacy, health-literacy, illness, aging, disability and language are all issues that can pose barriers to obtaining basic health information. This site contains free health education materials in a number of languages and a variety of formats. They are being developed to study the value of these formats in providing health information for diverse populations in a variety of settings. Health Roads Media has developed a number of mental health resources in a variety of languages and formats for use by anyone.

http://www.healthyroadsmedia.org/topics/mental_health.htm

Healthcare 411 is an audio podcast series produced by the Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services. AHRQ's mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans. Using the latest technology, AHRQ shares news and information in the form of concise 60-second audio news programs that feature current research on important health care topics. *Healthcare 411* gives consumers information they can use in their health care decision making. Of particular interest maybe the podcast in Spanish on Autism Spectrum Disorders, "Terapias para niños con trastornos del espectro autista" which is found here. <http://healthcare411.ahrq.gov/radiocastSeg.aspx?id=1245&type=seg>

Addressing Diversity in Health Care: Eastern State Hospital Educates Employees and Opportunities in Cultural Diversity Training

By Deborah A. Elliott, MSSW

There is a wealth of information in the literature on the need for cultural competency in health care education and among professionals.

Changing demographics among populations served and the culturally diverse backgrounds of health care providers continue to necessitate academia and organizational focus on enhancing cultural awareness and sensitivity for workers.

The scope of culturally competent care extends beyond shared assumptions such as the values, beliefs, practices, and customs of racial and ethnic groups. Conceptual perspectives on cultural competence and diversity in health care are broad; however, other facets, such as religion affiliation and language, should also be addressed (Campinha, 2002).

In terms of staff development and training, cultural awareness and competence is not new at Eastern State Hospital, known as a *catalyst for excellence in appreciating diversity* that once provided consultation and training to other agencies and organizations. Currently the charge of educating



Denese A. Gillis, MA, MSN, RN,
Training & Development Manager at
Eastern State Hospital

workers on cultural diversity and awareness at Eastern State is under the direction of Denese A. Gillis, MA, MSN, RN, who is the Training & Development Manager.

Direct Service Associate II (DSA) at Eastern is one professional area targeted to receive holistic and indepth training that parallels with the Program goal to increase the quality of delivered care to geriatric and adult psychiatric patients. Cultural diversity training integrates elements of cultural competence (awareness, knowledge, skill, encounters, desire) and generational differences that influence individual beliefs, behaviors, and interaction with others. For example, emphasis is placed on how to work with people

from other cultures and behavioral differences in behaviors (i.e., eye contact, personal space, gestures, touching).

Maria Liona has volunteered for more than one year at Eastern as a Focus Friend with adult and geriatric patients in addition to serving at Olde Towne Medical Center, which is located at James City County Human Services. Recently Mrs. Liona completed the Department of Behavioral Health and Developmental Services (DBHDS) *Qualified Bilingual Staff Interpreter Class* and passed the required proficiency exam to become a *Qualified Bilingual Staff Interpreter (QBS)*. The curricula from Kaiser Permanente National Diversity Programs was used to train the bilingual staff in the DBHDS system who have other roles and are asked to interpret for other providers and agencies. This training included core topics essential to effective communication when working with limited English proficient consumers.

Eastern State Hospital in the provision of quality care and treatment as a response to the individual needs of its patients relies on partnerships with organizations and individuals in the community. Development and implementation of training opportunities for employees and others that facilitates a culturally competent environment remains a continuous effort. §



Eastern State Hospital volunteer Maria Liona is shown (back row, third from left) with other students who completed the DBHDS Qualified Bilingual Staff Interpreter Class and passed the proficiency exam.